

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

72697

Registration District No. 2000

Registered No. 490

(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

4

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Aug. 22, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jno E Crowley

(9) PRESENT POSTOFFICE OF FATHER

Flr R

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

37 (Years)

(12) BIRTHPLACE

Flr R

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary J. Galt. C

(15) PRESENT POSTOFFICE OF MOTHER

Flr R

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

25 (Years)

(18) BIRTHPLACE

Flr R

(19) OCCUPATION

Dom

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 A M., on the date above stated. (Born Alive or Stillborn) (Hour A. M. or P. M.)

(23) (Signature)

D. H. Smith

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Lawrence

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Aug. 28, 1916

(28)

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.